DOCUMENT RESUME

ED 480 483 CG 032 681

AUTHOR	Day, David M.; Pleydon, Anne
TITLE	Identifying the Psychosocial and Mental Health Needs of Young Offenders.
PUB DATE	2003-08-00
NOTE	12p.; Paper presented at the Annual Conference of the American Psychological Association (111th, Toronto, ON, Canada, August 7-10, 2003).
PUB TYPE	Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE	EDRS Price MF01 Plus Postage. PC Not Available from EDRS
DESCRIPTORS	*Adolescents; Cognitive Development; Counseling; *Delinquency; Foreign Countries; Interpersonal Competence; *Mental Health; *Needs Assessment; *Psychopathology; *Psychosocial Development; Violence
IDENTIFIERS	Canada

ABSTRACT

This study examined the psychosocial, mental health, and intellectual characteristics of young offenders serving a sentence at Syl Apps Youth Centre, a secure custody facility. The sample comprised 50 youths, 37 males and 13 females. The index offenses were varied, but the majority were sentenced for a violent offense. The results showed that 52.1% of the youth were elevated on between 1-4 clinical disorder scales of the Adolescent Psychopathology Scale (APS), indicating a high rate of co-morbidity. The most common disorders were Conduct, Adjustment, Substance Abuse, Oppositional Defiant, Attention Deficit Hyperactivity, and Posttraumatic Stress Disorder. The most common psychosocial problems were Aggression, Interpersonal Problems, Psychosocial Substance Abuse, and Emotional Liability. As well, 62.8% and 53.5% were rated by staff as having fewer social skills in the areas of Responsibility and Self-Control, respectively. In terms of their intellectual functioning, 74% and 86% scored below the 50th percentiles for the standardization samples on a measure of intelligence and a vocabulary scale, respectively. The implications of these findings for developing treatment plans for young offenders are discussed. (Author)

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ED 480 483

IDENTIFYING THE PSYCHOSOCIAL AND MENTAL HEALTH NEEDS OF YOUNG OFFENDERS

David M. Day, Ryerson University, Toronto
& Anne Pleydon, York University, Toronto

Poster presented at the 111th Annual Convention of the
American Psychological Association
Toronto Ontario
Thursday, August 7, 2003, 11:00-12:50

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This study was conducted with support from Kinark Child and Family Services, Markham, Ontario.

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Abstract

This study examined the psychosocial, mental health, and intellectual characteristics of young offenders serving a sentence at Syl Apps Youth Centre, a secure custody facility. The sample comprised 50 youth, 37 males and 13 females (M age = 15.1, SD = 1.1). The index offences were varied, but the majority were sentenced for a violent offence. The results showed that 52.1% of the youth were elevated on between 1-4 clinical disorders scales of the APS, indicating a high rate of co-morbidity. The most common disorders were Conduct (54.2%), Adjustment (52.1%), Substance Abuse (45.9%), Oppositional Defiant (45.8%), Attention Deficit Hyperactivity (39.6%), and Posttraumatic Stress Disorder (25.1%). The most common psychosocial problems were Aggression (47.9%), Interpersonal Problems (41.7%), Psychosocial Substance Abuse (35.9%), and Emotional Lability (33.3%). As well, 62.8% and 53.5% were rated by staff as having fewer social skills in the areas of Responsibility and Self-Control, respectively. In terms of their intellectual functioning, 74% and 86% scored below the 50th percentiles for the standardization samples on a measure of intelligence and a vocabulary scale, respectively. The implications of these findings for developing treatment plans for young offenders are discussed.

Introduction

Incarcerated youth pose a unique challenge to the juvenile justice system. With a mandate of treatment and rehabilitation, the system is invested in addressing the criminogenic needs of its clients in order to reduce the risk of recidivism.

The mental health, psychosocial, and intellectual functioning of youth in custody have often been identified as targets for intervention or at least as responsivity factors that affect treatment outcomes. Studies on the prevalence of mental health problems in young offenders have found that between 25-75% of youth meet the clinical criteria for at least one psychiatric diagnosis (Nicol et al., 2000; Teplin et al., 2002; Timmons-Mitchell et al., 1997). High rates of co-morbidity also are reported. Common problems include conduct disorder, substance use and abuse, attention deficit hyperactivity, adjustment disorder, affective disorder, personality disorder, and mental retardation (Wierson et al., 1992). Although the causal relationship between social-emotional problems and criminal activity remains a matter of debate (Wierson et al., 1992), these issues are important targets for assessment and treatment.

At the same time, little is known about other areas of deficit, including intellectual and psychosocial functioning. Nicol et al. (2000), reported that 66% of their sample had been permanently expelled from school. Assessment of their reading levels indicated that 56.6% had a reading age that was below 11 years. The percentages ranged from 89% for the 13-year-olds to 22% for the 17-year-olds. These issues represent further areas for clinical intervention.

Present Study

The present study examined the social, emotional, behavioral, and intellectual characteristics of 50 youth incarcerated during the summer, 2002, in a secure custody facility in Ontario.

Method

Research Participants (see Table 1)

The sample comprised 37 males (74%) and 13 females (26%) from Syl Apps Youth Centre, a secure custody setting. They ranged in age from 11- 18 years (M = 15.0 years, SD = 1.1). Their index offences were varied and included property, violent, and other types of crimes (e.g., breach offences) and the majority had committed a violent offence.

Insert Table 1 about here

Procedure

A research assistant, hired specifically for the project, administered the measures. Each test administration took between 55-150 minutes and in most cases was completed in 1-2 sessions. In general, the test items were read to the youth. Each individual received $5.00 for their participation.

Measures

- Raven's Progressive Matrices (Raven et al., 1979), a nonverbal measure of intelligence;
- Mill Hill Vocabulary Scale (MHV) (Raven et al., 1998);
- Social Skills Rating System (SSRS) (Greasham & Elliot, 1990), Secondary Level, Parent Form, completed by the youth's primary worker;
- Adolescent Psychopathology Scale (APS) (Reynolds, 1998). A T-score of 70 or higher was used as the clinical cutoff level, corresponding to the moderate/severe clinical ranges. A T-score of 70 corresponds to the 98th percentile for the community-based standardization sample and the 90th percentile for the clinical-based standardization sample. This conservative cutoff range was used (rather than the mild clinical range) to reduce the risk of labelling a youth as having a problem in a particular area based on a lower threshold of problem severity.

Results

Intellectual Functioning

The results indicated a high degree of impairment in intellectual functioning. For example, 74% of the sample scored below the 50th percentile for the standardization sample on the Raven's intelligence measure and 56% of the youth scored below the 30th percentile. Moreover, 86% of the sample scored below the 50th percentile for the standardization sample on the Mill Hill vocabulary scale and 62% scored below the 30th percentile.

Social Skills

Many of the youth showed difficulty in certain areas of social skills. For example, compared to a standardization sample, 62.8% of the sample were rated by the staff as having fewer social skills in the area of Responsibility, which is concerned with having regard for household rules and consideration for the property of others. In addition, 53.5% were rated by the staff as having fewer social skills in the area of Self-Control, which is concerned with showing restraint in anger or in inappropriate situations.

Mental Health Characteristics

The scores of two youth were omitted due to invalid APS scales. Overall, the results indicated that the youth were found to be clinically elevated on an average of 4.4 of 20 clinical disorders. As well, 52.1% were elevated on between 1-4 of these scales, indicating a high rate of co-morbidity (see Figure 1). The most common disorders were Conduct (54.2%), Adjustment (52.1%), Substance Abuse (45.9%), Oppositional Defiant (45.8%), Attention Deficit Hyperactivity (39.6%), and Posttraumatic Stress Disorder (25.1%) (see Figure 2). It is of interest to note that 18.8% were elevated on both the Externalizing and Internalizing scales. Last, 25.0% were elevated on the Borderline Personality scale and 23.0% were elevated on the Paranoid Personality scale.

Insert Figure 1 about here

Insert Figure 2 about here

Psychosocial Functioning

In terms of their psychosocial functioning, on the Psychosocial Problem scales of the APS, 47.9% of the youth were elevated on the Aggression Problem scale, 41.7% were elevated on the Interpersonal Problem scale, 35.9% were elevated on the Psychosocial Substance Use Difficulties scale, and 33.3% were elevated on the Emotional Lability scale (see Figure 3).

Insert Figure 3 about here

Gender Differences

A few gender differences were observed. In comparison to their males counterparts, more females were elevated on the Conduct Disorder (44.4% versus 83.3%, respectively), Aggression Problem (38.9% versus 75.0%, respectively), Externalizing Disorder (36.1% versus 83.3%, respectively), Borderline Personality (16.7% versus 50.0%), and Suicide Psychosocial Problem (5.6% versus 33.3%) scales of the APS.

Discussion

The aim of this study was to examine the psychosocial, mental health, and intellectual characteristics of a sample of incarcerated male and female youth. In terms of their mental health functioning, the findings are similar to those reported in the literature. As well, many Syl Apps youth showed deficits in intellectual performance and certain areas of social skills.

More of the youth showed elevations on the Clinical Disorder scales of the APS than the Personality Disorder scales. This would suggest that the incarcerated youth are amenable to treatment programs that target the "criminogenic" risk factors (Andrews & Bonta, 2003), factors that support the antisocial behavior, including emotional and mental health problems. In addition, nearly one youth in five displayed clinical elevations on both externalizing and internalizing problem behaviors. This finding suggests that problems such as depression and anxiety need to be a focus for treatment, in addition to conduct problems.

Inspection of the individual profiles across the measures highlights the diversity of the sample. Some of the youth had no clinical elevations, while some had many. In this regard, each youth must be evaluated in terms of his or her unique set of strengths and deficits as a guide to treatment planning. In addition, the youths' clinical profiles should be examined in relation to a developmental context. For example, the clinical implications of an elevated score on a scale will be different for a 13-year-old than for an 18-year-old. Gender differences on the APS suggest that more female young offenders show a higher level of clinical disturbance in some

areas of mental health than their male counterparts and is consistent with other research (Timmons-Mitchell et al., 1997). Last, addressing the social skills deficits must be conducted in conjunction with treatment programming that addresses antisocial thinking and behaving.

In conclusion, the findings suggest that treatment plans for incarcerated young offenders be individualized, multifaceted, developmentally-appropriate, and based on a thorough assessment of the individual's risk and protective factors. Programs could include anger management, substance abuse, and cooperative group activities. Academic remediation and counseling for depression, anxiety, and trauma also could be provided. Follow-up research could examine the efficacy of these treatment strategies.

It is suggested that these findings be replicated with a second sample. Further research could include a more objective assessment of mental health and psychosocial functioning as well as measures of impulsivity, coping, risk-taking and sensation-seeking behavior, use of leisure time, antisocial attitudes, and psychopathy.

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Table 1. Characteristics of the Sample (N = 50)

	Frequency	Percent
Gender		
Male	37	74.0
Female	13	26.0
Type of Unit/Cottage		
Custody	23	46.0
Detention	19	38.0
Treatment	8	16.0
Age at the Time of Testing		
13	2	4.0
14	15	30.0
15	20	40.0
16	10	20.0
18	3	6.0
Last Grade Completed		
6	2	4.0
7	10	20.0
8	25	50.0
9	8	16.0
10	4	8.0
12	1	2.0
Index Offence Type[a]		
Violence	10	22.7
Property	2	4.5
Other	7	15.9
Violence + Property	3	6.8
Violence + Other	12	27.3
Property + Other	6	13.6
Viol + Prop + Other	3	6.8
Viol + Other + Sex Offence	1	2.3
Missing Information	6	-

[a]Based on file information. The offence type categories were based on the following types of offences: Violent - murder, attempt, kidnapping, robbery, assault, uttering a death threat, weapons offence; Property - B&E (instruments, intent), theft (over/under), possession stolen property, vandalism, wearing a disguise; Drug - trafficking, possession; Other - breaches (e.g., failure to appear, abide), unlawfully at large (UAL), escape lawful custody (ELC), miscellaneous against persons, Highway Traffic Act offences; Sex Offender - includes both violent (e.g., sexual assault) and nonviolent (e.g., exhibitionism, voyeurism, invitation to sexual touching) offences.

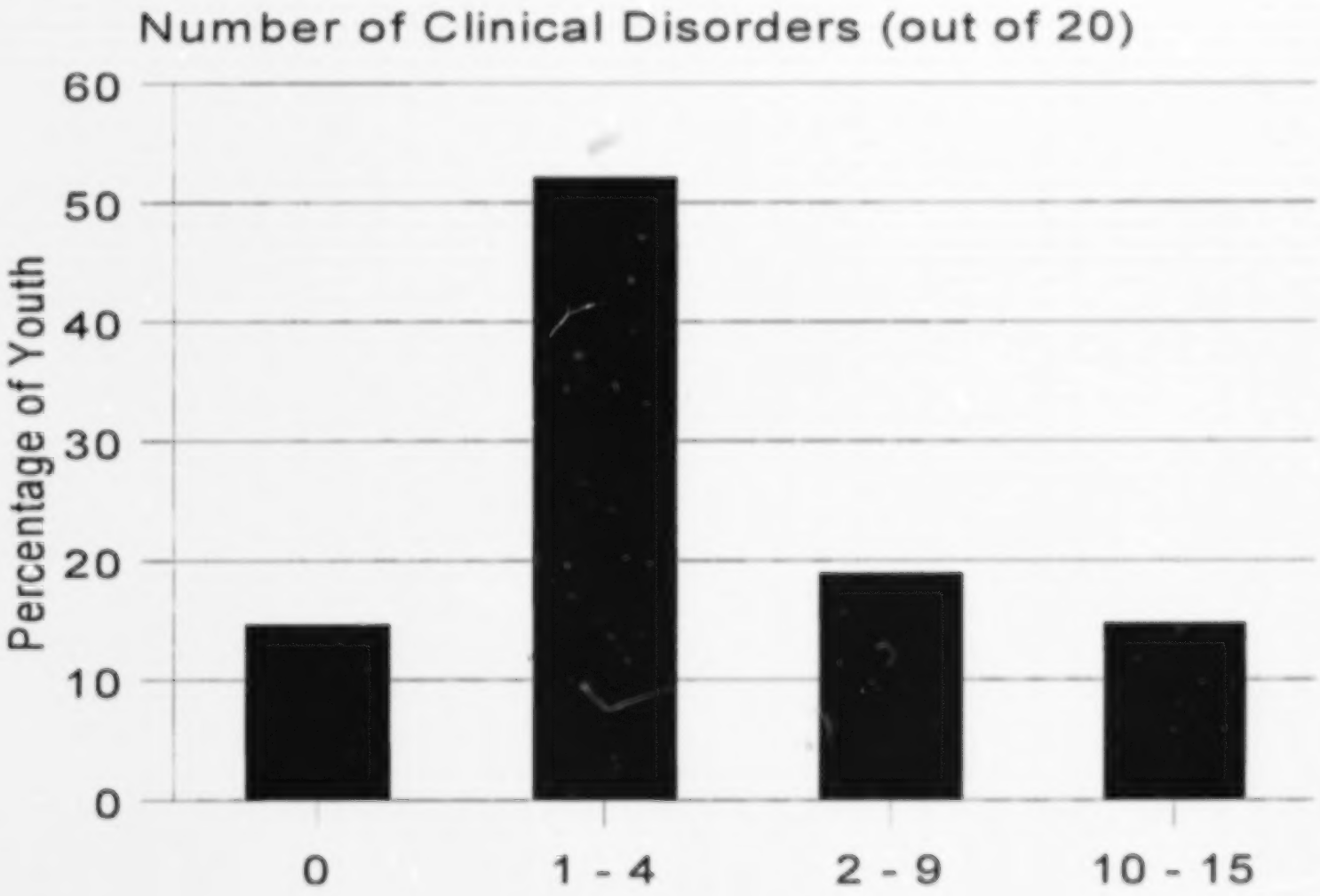
Number of Clinical Disorders (out of 20)
Percentage of Youth
60
50
40
30
20
10
0
0
1 - 4
2 - 9
10 - 15

Figure 1

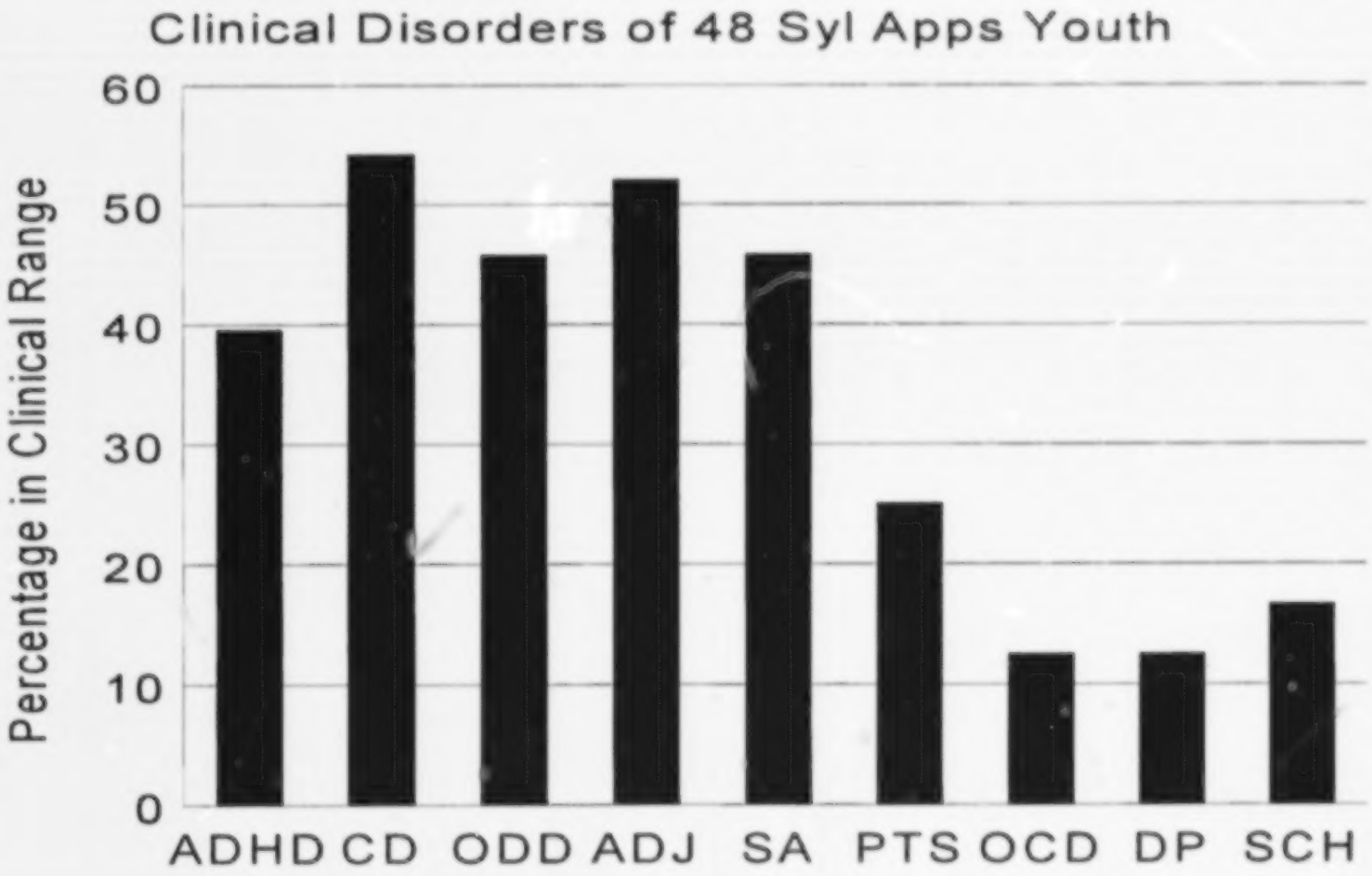
Clinical Disorders of 48 Syl Apps Youth
Percentage in Clinical Range
60
50
40
30
20
10
0
ADHD
CD
ODD
ADJ
SA
PTS
OCD
DP
SCH

Figure 2

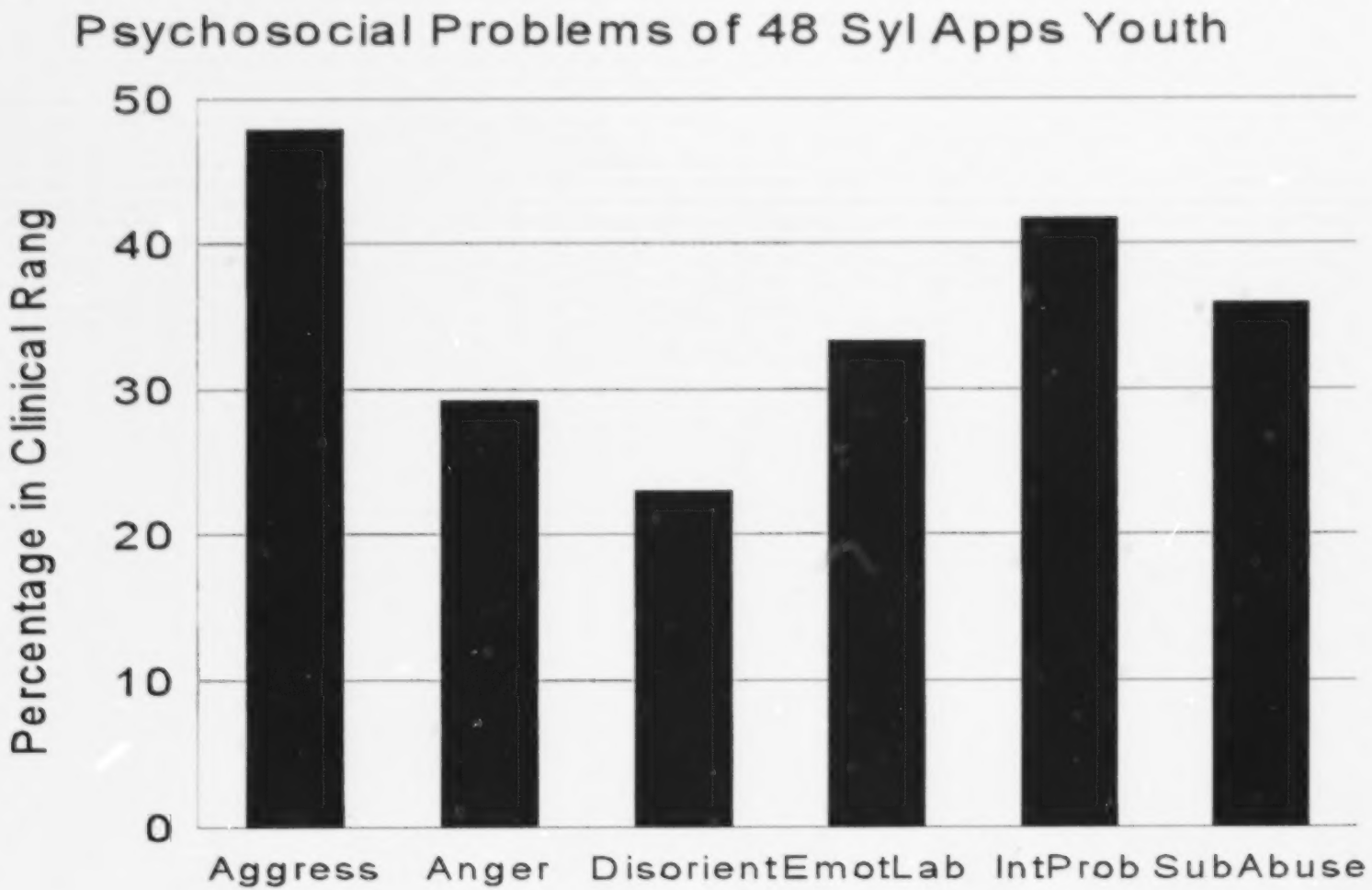
Psychosocial Problems of 48 Syl Apps Youth
Percentage in Clinical Rang
50
40
30
20
10
0
Aggress
Anger
Disorient
EmotLab
IntProb
SubAbuse

Figure 3

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Organization/Address: Ryerson University, Dept. of Psychology, 350 Victoria St

Telephone: (416) 979-5000 (416) 979-5273

E-Mail Address: ddday@ryerson.ca

Date: Oct 7/03

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